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provider that is a health care provider under the
            Civilian
                                                            Health
            and Medical Program of the Uniformed Services to
            annlv
            ment rules described in section 1074(c) of title 10.
            United
                                                            States
            Code, in imposing charges for health care that the
                                                            facility
            private
            or provider provides to enrollees of a designated
            provider.
(2)
                  AUTHORIZED ADJUSTMENTS.—The payment rules
imposed
under subsection (a) shall be subject to such modifications as
Secretary considers appropriate. The Secretary may authorize
lower rate than the maximum rate that would otherwise
apply under subsection (a) if the lower rate is agreed to by the
designated
provider and the private facility or health care provider.
                  REGULATIONS.—The Secretary shall prescribe
regulations
to implement this section after consultation with the other
admin-
istering Secretaries (4)
                  CONFORMING AMENDMENT.—Section 1074 of title
10. United
States Code, is amended by striking out subsection (d).
            SEC. 726. PAYMENTS FOR SERVICES.
(5)
                   FORM OF PAYMENT.—Unless otherwise agreed
to by the Secretary and a designated provider, the form of payment for
health
care services provided by a designated provider shall be on a
full
risk capitation payment basis. The capitation payments shall
be
negotiated and agreed upon by the Secretary and the
designated provider. In addition to such other factors as the parties
agree to apply, the capitation payments shall be based on the utilization experience of enrollees and competitive market
for equivalent health care services for a comparable
population
to such enrollees in the area in which the designated
nrovider
is located.
                   LIMITATION ON TOTAL PAYMENTS.—Total
capitation payments for health care services to a designated provider shall
exceed an amount equal to the cost that would have been
incurred
by the Government if the enrollees had received such health
services through a military treatment facility, the TRICARE pro-
gram, or the Medicare program, as the case may be.
                   ESTABLISHMENT OF PAYMENT RATES ON ANNUAL
BASIS —
The Secretary and a designated provider shall establish
capitation
navments on an annual basis, subject to periodic review for
actuarial soundness and to adjustment for any adverse or favorable
selection reasonably anticipated to result from the design of the
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program

under this subtitle.
(R)

ALTERNATIVE BASIS FOR CALCULATING PAYMENTS.—
After

Sentember 30, 1999, the Secretary and a designated provider may mutually agree upon a new basis for calculating capitation navments.

SEC. 727. REPEAL OF SUPERSEDED AUTHORITIES.

(a) REPEALS.—The following provisions of law are repealed:
(9) Section 911 of the Military Construction
Authorization
Act, 1982 (42 U.S.C. 248c).
(10) Section 1252 of the Department of Defense
Authorization Act, 1984 (42 U.S.C. 248d).
(11) Section 718(c) of the National Defense
Authorization
Act for Fiscal Year 1991 (Public Law 101-510; 42 U.S.C. 248c note).
(12) Section 726 of the National Defense
Authorization Act.
for Fiscal Year 1996 (Public Law 104-106; 42 U.S.C. 248c note).